

APPLICATION FORM
Costa Rican Cultural Immersion Program
2011 Program

- Please type or print legibly in black ink.

PERSONAL INFORMATION			
First Name:	Middle Name:	Last Name:	Date of Birth: MM/DD/YY
Gender: F <input type="checkbox"/> M <input type="checkbox"/>	Citizenship: COUNTRY	Social Security Number:	
Telephone Number:	Mobile Number:	E-mail Address:	Alternate E-mail Address:
Current Mail Address:	Street	City	State/Zip
Permanent Mail Address:	Street	City	State/Zip
Permanent Phone Number:	Passport Number:	Passport Expiration Date: MM/DD/YY	
EMERGENCY CONTACT INFORMATION			
Full Name:		Relationship:	
Full Address:	Street	City	State/Zip
E-mail:	Tel. Home:	Tel. Work:	Tel. Mobile:
ACADEMIC INFORMATION			
University Level:	Major:	Minor:	Graduation Year:
Name of University:			
University Address	Building, Street	City	State/Zip
Name of Academic Advisor:		University Department:	
Telephone Number:		E-mail Address:	

➤ **PROGRAM & COURSES REGISTRATION**

Program: Four-Week Program
 Eight-Week Program

Career: Psychology: Clinical Forensic School Counseling
 Pre-Med
 Neuroscience
 Nursing
 Basic Sciences

Course enrollment according to your career, major and selected program:

FOUR-WEEK PROGRAM			
If you belong to:	Course Enrollment:	Credits:	Contact Hours:
Clinical, Forensic and/or Counseling Psychology	Practicum	7	60
	Contemporary Topics	2	12
	Spanish	n/a	64
School Psychology	Internship	5	90
	Contemporary Topics	2	12
	Spanish	n/a	64

EIGHT-WEEK PROGRAM			
If you belong to:	Course Enrollment:	Credits:	Contact Hours:
Clinical, Forensic and/or Counseling Psychology	Practicum	7	120
	Contemporary Topics	2	12
	Spanish	n/a	128
School Psychology	Internship	5	180
	Contemporary Topics	2	12
	Spanish	n/a	96

** Practicum belongs to the Clinical Psychology Master program.*

*** Internship belongs to the School Psychology Master program.*

➤ **SPANISH EXPERIENCE**

Specify the number of Spanish semesters taken:

College/University: _____

High-school: _____

Other experience: _____

Do you speak other languages at home? _____ Which one(s)? _____

Spanish proficiency: *-Check the most accurate according to your skills level.*

Skills/Level	none	fair	good	excellent
Listening				
Speaking				
Reading				
Written				

➤ **TRANSCRIPT**

Transcripts are sent to each student's home university. Please verify the correct address with your study abroad office. If the address is not provided, your transcript will be sent to the Study Abroad or Registrar's office at your home university.

The transcript will not be sent if you have a balance due to UNIBE.

Contact name: _____

Send transcript to: (Dept/University name)

Address: _____

Building, Street

City

State/ Zip Code

➤ **FINANCIAL INFORMATION**

Who will be paying tuition fees? (Check as many as apply)

Yourself

Trust fund

Financial aid

Parents/Family

Scholarship

Specify the address where you want to receive the invoices:

Building, Street

City

State/ Zip Code

➤ **HOUSING AND MEDICAL INFORMATION**

Dietary Needs

1. Are you a vegetarian?

2. Do you have food allergies? Yes No

If yes, please specify:

3. Do you have dietary restrictions? Yes No

I DO NOT consume:

Red meat

Pork

Fish

Chicken

Dairy products

Other, please specify:

Medical Conditions

1. Do you have allergies? Yes No

If yes, please specify;

Seasonal: pollens, molds, plants: _____

Animals/House pets: _____

Skin irritants: _____

Insects and insect bites: _____

Medications: _____

Other: _____

2. Do you have chronic medical conditions? Yes No

If yes, please specify:

3. Are you receiving any kind of medication? Yes No

If yes, please specify:

4. Have you ever received counseling or treatment for a nervous or emotional problem (e.g., depression, an eating disorder)? Yes No

If yes, please specify:

5. Are you a smoker? Yes No Socially

6. Do you have a roommate preference? No Yes, _____

Note: Writing your roommate preference does not guarantee this person as your roommate or a roommate at all. However, we will make our possible to fulfill your preference.

➤ **BRIEF ESSAY**

Write and attach an essay about yourself, include: - Please type or print legibly in black ink.

- Family information
- Traveling experience
- Why are you interested into participating in this program?
- Academic goals: degree you aim to achieve (masters, specialist, doctoral), when do you expect to conclude your degree.

By signing this document, I certify all the given information is correct and valid.

Print Name of Academic Advisor

Signature of Academic Advisor

Print Name of Applicant

Signature of Applicant

Date